

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000093318

FILED
Oct 03, 2007
Secretary of State

Entity Name: A BETTER POOL COMPANY, LLC

Current Principal Place of Business:

2123 S.E. 15TH AVENUE
CAPE CORAL, FL 3390

New Principal Place of Business:

2123 S.E. 15TH STREET
CAPE CORAL, FL 33990

Current Mailing Address:

2123 S.E. 15TH AVENUE
CAPE CORAL, FL 3390

New Mailing Address:

2123 S.E. 15TH STREET
CAPE CORAL, FL 33990

FEI Number: 20-5600338 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STAHL, KEVIN
2123 S.E. 15TH AVENUE
CAPE CORAL, FL 3390 US

Name and Address of New Registered Agent:

STAHL, KEVIN A MGR
2123 S.E. 15TH STREET
CAPE CORAL, FL 33990 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEVIN A STAHL

10/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STAHL, KEVIN A
Address: 2123 S.E. 15TH AVENUE
City-St-Zip: CAPE CORAL, FL 3390

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STAHL, KEVIN A
Address: 2123 S.E. 15TH STREET
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEVIN A. STAHL

MGR

10/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date